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REPLICA DE OBJECION GLOBAL

I. DATOS DE CONT			-30
	A Laboy Christ		350
Dirección Postal _	Urb. Glenview Ga	rdens	-
	Palle Elba # K-11 Ponce, Puerti Rica	00730	

Teléfono de contacto res. _

cel. 939-248-0861

II. Epigrafe

- A. Secretaria (Clerk's Office)

 Tribunal de Distrito de los Estados Unidos
 Room 150 Federal Building
 San Juan Puerto Rico 00918-1767
- B. Estado Libre Asociado de Puerto Rico y otros (Deudores)
- C. Número de Procedimiento: 17 BK 3283 LTS
- D. Objeción Global referente a la solicitud de dineros de Puerto Rico:

Número de las evidencias por reclamo:

#49762 - Ley #89 - Romerazo - Efectiva en 1 de julio de 1995

#94057 - Ley de Escala Salarial - Pasos, del 6 de junio de 2008

#96621 – Ley #96 (2002) del Dr. Pedro Rosello – efectivo julio de 2002 Ley #164 (2004) de la Sra. Sila Calderón - efectiva enero 2004

III. El Tribunal no debe declarar la Objeción Global, debido a que son dineros adeudados mediante la aprobación por el gobierno del Estado Libre Asociado de Puerto Rico de las siguientes leyes:

Ley 89 Romerazo - Efectiva en 1 de julio de 1995

Ley de Escala Salarial – Pasos del 6 de junio de 2008

Ley #96 (2002) del Dr. Pedro Rosello – efectivo julio de 2002

Ley #164 (2004) de la Sra. Sila M. Calderón efectiva enero 2004

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IV. Documentación Justificativa

Se incluyen documentos que evidencian Company, Ponce, Puerto Rico desde el	los años d	de servicio con Pi	Jerto F	Rico Tele	phone
Frame Worker	de	Culmine	mi	laborar	como
en Puerto Rico Telephone Company, Ponce aplicables que cubren estos años de servic	∍, Puerto Rice lo educativo:	o, ELA. Se esta rec	laman	do por las	sleyes

Se incluyen documentos que evidencian este reclamo.

Debido a la reciente situación de emergencia por terremotos y COVID-19 en Puerto Rico, se están enviando las réplicas en esta fecha. De necesitar información o documentos adicional, favor comunicarse con la que suscribe.

Elens Laboy Christian
Nombre en letra de molde

Firma

Case:17-03283-LTS Doc#:14100 Filed:08/21/20 Entered:08/26/20 10:22:25 Desc: Main

Claimant: >CLAIMANT NAME< Eleng Labor

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96, "please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any an all documentation you believe supports your claim.

Please send the completed form and any supporting documents via PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

A pending or closed legal actions with or against the Puerto Rico government

■Current or former employment with the Government of Puerto Rico □Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No, Please continue to Question 4.

■ Yes, Answer Questions 3(a) - (d).

3(a), Identify the specific agency or department where you were or are employed:

Kico Tele phone Co. cono Frame Worker

3(b). Identify the dates of your employment related to your claim:

Desde I de agosto de 1988 hasta presente

3(c). Last four digits of your social security number: 7077

Page 4 of 6 3(d). What is the nature of your employment claims (select all applicable): □Pension **■Unpaid Wages** □Sick Days □Union Grievance □Vacation-Other (Provide as much detail as possible. Attach additional pages if necessary). 4. Legal Action Does your claim relate to a pending or closed legal action? ■ No □ Yes 4(a). Identify the department or agency that is a party to the action. 4(b), identify the name and address of the court or agency where the action is pending: 4(c). Case number: 4(d). Title, Caption, or Name of Case: 4(e). Status of the case (pending, on appeal, or concluded): 4(f). Do you have an unpaid judgment? Yes/No (Circle one)

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If yes, what is the date and amount of the judgment?

Entered: 08/26/20 10:22:25

RECLAMANTE: EleNA Laboy Christian	
NUMERO DE PROCEDIMIENTO <u>17 BK 3283 - LTS</u>	
NUMERO DE RECLAMACION:	
Numer De Telefons: 939-248-0861	
Reclamación de dinero adeudado de leyes aprobadas que me competen por mis añ	os de
servicio desde el 1 de agosto de 1988 hasta el Presente	de
como Frame Worker	
de la Puerto Rico Telephone Company - ELA.	i de la composition della comp
1. Ley 89 – julio 1995 – ROMERAZO CANTIDAD \$ 4, 840.00	
Así como otras leyes que me apliquen y no se me otorgo la compensación correspondie	ente.
Le agradezco la atención sobre este asunto.	1
Atentamente,	
Devalation 11: time >/27/20	
Elena Laboy Christian 7/27/20 Nombre en letra de molde	
Elene Labor (hiter	
Firma y fecha	
발가불문(1) 12 : 12 : 12 : 12 : 12 : 12 : 12 : 12	